

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 DEC 16 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N02000004412

1. Corporation Name

Keep It Real Ministries of Ord, INC

REINSTATEMENT 03

800025513418

12/16/03--01012--019 \*\*236.25

2. Principal Office Address

514 S. Parramore Ave

Suite, Apt. #, etc.

3. Mailing Office Address

8879 W. Colonial Drive

Suite, Apt. #, etc.

#145

City & State

Orlando

City & State

Ocoee

Zip

32805

Country

US

Zip

34761

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

06/10/2002

5. FEI Number

38-365-5180

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Duane Burke

Street Address (P.O. Box Number is Not Acceptable)

1804 LK Lorine Drive

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32808

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Duane Burke

Date 11/10/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
b	Duane Burke	1804 LK Lorine Dr	Orlando, FL 32808
b	Lindy Burke	1804 LK Lorine Dr	Orlando, FL 32808
b	Jeffrey Bynes	1614 Lake Lorine Dr	Orlando, FL 32808

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lindy Burke

11/10/03 407-292-8202

Date

Daytime Phone #

CR2E081 (10/02)